



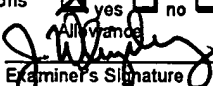
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Bib Data Sheet

CONFIRMATION NO. 5665

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/912,341   | <b>FILING DATE</b><br>07/26/2001<br><b>RULE</b>   | <b>CLASS</b><br>378              | <b>GROUP ART UNIT</b><br>2882   | <b>ATTORNEY DOCKET NO.</b><br>35.C15596 |
| <b>APPLICANTS</b><br>Osamu Yuki, Tokyo, JAPAN;<br>Noriyuki Kaifu, Tokyo, JAPAN;<br>Kazuaki Tashiro, Kanagawa, JAPAN;<br>Tetsunobu Kochi, Kanagawa, JAPAN;  |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b>  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 227333/2000(PAT.) 07/27/2000<br>JAPAN 234829/2000(PAT.) 08/02/2000   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/31/2001</b>   |   |                                  |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>26   | <b>TOTAL CLAIMS</b><br>58               |
| Verified and Acknowledged <br>Examiner's Signature Initials   |   | <b>INDEPENDENT CLAIMS</b><br>13  |   |   |
| <b>ADDRESS</b><br>05514  |   |                                  |   |   |
| <b>TITLE</b><br>Image sensing apparatus  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>2324   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |